

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213555538</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE BARTECH GROUP, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2013</b></p> <p>SCC ID NO: <b>F1450420</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MI</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>142,500</td> </tr> <tr> <td>COMB</td> <td>7,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	142,500	COMB	7,500
CLASS	AUTHORIZED							
COMA	142,500							
COMB	7,500							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 17199 N LAUREL PARK DR SUITE 224</p> <p style="text-align: center;">CITY/ST/ZIP: LIVONIA, MI 48152</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID W BARFIELD  TITLE: CHAIR/PRES/CEO  ADDRESS: 17199 N. LAUREL PARK DRIVE  SUITE 224  CITY/ST/ZIP/CO: LIVONIA, MI 48152 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DAVID W BARFIELD TITLE: CHAIR/PRES/CEO ADDRESS: 17199 N. LAUREL PARK DRIVE SUITE 224 CITY/ST/ZIP/CO: LIVONIA, MI 48152	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAVEN E COCKERHAM DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J FITZSIMMONS JR DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J FITZSIMMONS SR DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE F FRANCIS DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, VA 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E KNOWLING JR DIRECTOR 17199 N. LAUREL PARK DRIVE 224 LIVONIA, VA 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE F RAYMOND DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORDAN RICHARDS DIRECTOR 17199 N. LAUREL PARL DRIVE SUITE 224 LIVONIA, MI 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T WHITE ESQ DIRECTOR 17199 N. LAUREL PARK DRIVE SUITE 224 LIVONIA, VA 48152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID W BARFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DAVID W BARFIELD, CHAIR/PRES/CEO PRINTED NAME AND CORPORATE TITLE	
		11/19/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			